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## FAX COVER PAGE

DATE: December 16, 2008

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TO: Examiner Michael J. Araj, Group Art Unit 3775  
COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300  
PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333  
FAX NUMBER: (317) 636-1507

RE: Response to Final Office Action for U.S. Patent Application No. 10/826,684 to Hugues F. Malandain

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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Name of Registered Representative

*Douglas A. Collier*  
Signature

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Client Matter No.: 333 MSDI-942

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PTO/SB/21 (09-04)

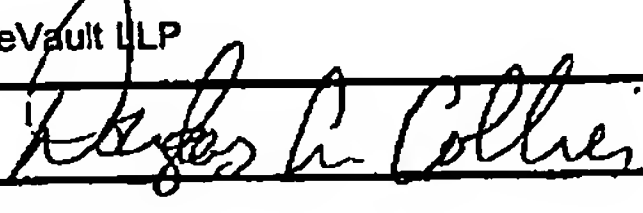
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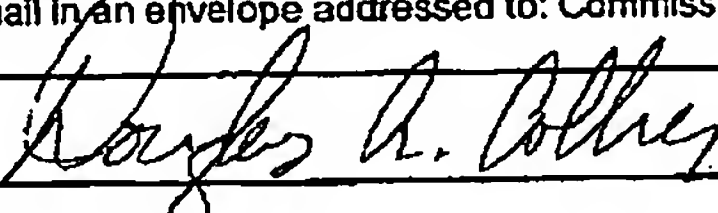
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/826,684
	Filing Date	April 16, 2004
	First Named Inventor	Hugues F. Malendain
	Art Unit	3775
	Examiner Name	Michael J. Araj
	Attorney Docket Number	MSDI-942/P32451.00
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Krieg DeVault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	December 16, 2008	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Douglas A. Collier	Date	December 16, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 440.00

## Complete if Known

Application Number 10/826,684  
Filing Date April 16, 2004  
First Named Inventor Hugues F. Malandain  
Examiner Name Michael J. Araj  
Art Unit 3775  
Attorney Docket No. MSDI-942/P32451.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims 38 - 44 or HP = 0 x 52.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 6 - 4 or HP = 2 x 220.00 = 440.00

HP = highest number of independent claims paid for, if greater than 3.

Small Entity  
Fee (\$)  
52  
220  
390  
Fee (\$)  
26  
110  
195

Multiple Dependent Claims  
Fee (\$)  
Fee Paid (\$)

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  
- 100 = / 50 = (round up to a whole number) x =

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY		Registration No.	Telephone (317) 636-4341
Signature	<i>Douglas A. Collier</i>	(Attorney/Agent) 43,556	
Name (Print/Type)	Douglas A. Collier		Date December 16, 2008

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:  
Hugues F. Malandain

Application Serial No. 10/826,684

Filed: April 16, 2004

SUBCUTANEOUS SUPPORT

) Before the Examiner:  
) Michael J. Araj  
)

) Group Art Unit:  
) 3775  
)

) Ref. No. MSDI-942/P32451.00  
)

) December 16, 2008  
)

**RESPONSE TO FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed October 29, 2008, please enter and consider the following amendments and remarks. Additional claims fees for two independent claims are enclosed herewith. No additional fees or extensions of time are believed due for

PAGE 5/5 \* RCVD AT 12/16/2008 2:17:14 PM [Eastern Standard Time] \* SVR:USPTO-EFAX-6/12 \* DNIS:2738300 \* CSID: \* DURATION (mm:ss):05:56,rv and

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01 FC:1201

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